DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 3 — 0 8

2. STATE: West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2003

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 441.22
42 CFR 440.60(a)

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 $ 35,800.
b. FFY 2004 $ 143,250.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.19-B Page [redacted] 5 [redacted]

Supplement 2 to ATTACHMENTS 3.1-A and 3.1-B Page [redacted] 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SAME

10. SUBJECT OF AMENDMENT:
This amendment adds several additional classes of nurse practitioners.

11. GOVERNOR'S REVIEW *(Check One)*:

☑ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Nancy V. Atkins

13. TYPED NAME:
Nancy V. Atkins, MSN, RNC, NP

14. TITLE:
Commissioner

15. DATE SUBMITTED:
June 17, 2003

16. RETURN TO:
Nancy V. Atkins, MSN, RNC, NP
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 23, 2003

18. DATE APPROVED: DEC 22 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
April 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
MARY T. McSORLEY

22. TITLE:
Associate Regional Admr
DMCH

23. REMARKS:

6. d. Gerontological Nurse Practitioner Services
Adult Nurse Practitioner Services
Women=s Health Nurse Practitioner Services
Psychiatric Nurse Practitioner Services

Coverage of Nurse Practitioner Services is limited to the scope of practice as defined in state law or the state licensure or regulatory authority with any limitations that apply to all providers qualified to provide service. Services to be covered will be defined by the State agency in accordance with scope of practice considerations and site of service - outpatient only.

7. **Home Health Services**

a. and b. Prior authorization is required after one hundred and twenty-four (124) units of all home health services per individual in a calendar year. One visit equals one unit. A unit includes skilled nursing, home health aide, medical social worker.

c. Medical supplies limited to Medicare limits. Equipment and appliances are not supplied by home health agencies.

8. **Private Duty Nursing**

EPSDT service. Prior authorization is required.

usual and customary charge information supplied by the provider community which was analyzed using accepted mathematical principles to establish the mean dollar value for the service, or the provider's customary charge, whichever is less.

An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Reimbursement for specific services will be set by the State agency based on 2002 payment levels. Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.

6. d. Gerontological Nurse Practitioner Services
Adult Nurse Practitioner Services
Women's Health Nurse Practitioner Services
Psychiatric Nurse Practitioner Services

An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. The conversion factors are published annually in the "Resource Based Relative Value (RBRVS) Policy and Procedure Manual." Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.

Payment may not exceed the amount paid to physicians for the service the provider is authorized by State Law to perform or the provider's customary charge, whichever is less

7. **Home Health Services**

The upper limit for Medicaid reimbursement of home health services shall be the lesser of the 90th percentile of the Medicare established rate for West Virginia Medicaid participating providers of home health services, or the provider charge.

The upper limit for Medicaid reimbursement of home health services for those home health agencies reimbursed on a per discipline basis shall be the lesser of the 90th percentile of the Medicare procedure specific fee established for West Virginia Medicaid participating providers of home health services, or the provider charge.

The upper limit for Medicaid reimbursement of home health services for those home health agencies reimbursed on an all inclusive rate shall be the lesser of the 90th percentile of the provider specific all inclusive rate established for West Virginia Medicaid participating providers of home health services on an individual provider basis, or the provider charge.